

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	To provide a District wide process for active response to media enquiries and to manage the communication aspects of major health issues as and when they arise.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE**Media and Communications Protocols****SESLHDPR/593**

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1. POLICY STATEMENT

It is essential the South Eastern Sydney Local Health District (SESLHD) has in place a process for an active response to media enquiries and a well-organised strategy to manage the communication aspects of major health issues, as and when they arise.

These Media and Communications Protocols are for use by all SESLHD hospitals, community health facilities, mental health services and health facilities. All staff employed by SESLHD should adhere to the principles contained in this document.

2. BACKGROUND**Duty to Provide Information**

All public health organisations, Local Health Districts and Statutory Health Corporations have a duty to provide meaningful, accurate and helpful advice to the community about important public health issues. Print, radio and television media are important vehicles to help distribute such information, as is the public health organisation's website.

3. DEFINITIONS

Health Staff refers to clinical staff, a health care provider, clerical, administrative, technical or scientific worker, volunteer, student, consultant or other person working in the public health system.

Media Officer means the person who is assigned responsibility by the Chief Executive for the provision of timely, accurate and relevant information to the community in written or electronic form using print, electronic or web-based media outlets.

A Contentious Issue or Incident refers to any circumstances that may cause concern, or be of interest to the media or the community.

Media Unit refers to that of SESLHD.

Local Health District includes hospitals and community health facilities, mental health services, District services and dental clinics where public health care is provided to clients of these facilities.

4. RESPONSIBILITIES**Chief Executive/Manager Media and Communications:**

The Chief Executive will appoint a Manager, Media and Communications to whom Media Officers will report. The contact details for Media Officers will be provided to the NSW Ministry of Health (MoH) Media Unit and the office of the Minister for Health. This information is to be kept current. Arrangements to cover annual or sick leave should also be reported.

The District will provide all reasonable resources to Media Officers to ensure that they are able to respond adequately to all media enquiries.

The SESLHD Media Unit can be contacted 24 hours via **0409 973 612**. Patient condition reports are not provided to media outlets between the hours of 10pm and 6am.

Media Officer:

A Media Officer will be available at all times – including after hours - to respond to enquiries from the media and from the MoH's Media Unit and the office of the Minister for Health. All Media

Officers names and contact details are to be provided to the MoH's Media Unit and the office of the Minister for Health.

A major function of the Media Officer is to generate community awareness of public health issues, the achievements of health care facilities and SESLHD. Promoting good health is an important part of all media liaison. The Media Officer will advise the SESLHD Manager, Media and Communications, when preparing and distributing media announcements. MoH Media Unit and Minister's office must also be informed as an FYI or for approval. The Chief Executive will be informed via the Manager, Media and Communications.

Where key staff have been identified by the Media Officer to speak with the media, it is the responsibility of the Media Officer to advise and seek authorisation from the Chief Executive.

Health Workers:

All health workers of SELSHD should advise the SESLHD Media Unit when contacted by, or prior to contacting, members of the media. Such instances include where staff are invited to provide comment, or when an approach is made to a media outlet on behalf of SESLHD (media releases, letters to the editor, etc). Media Officers are experienced in assisting the media and will ensure all information supplied is accurate and in the public interest.

The Ministry of Health:

The MoH's Media Unit can be contacted on telephone **9391 9121** during business hours. After hours, the Duty Media Officer can be contacted via the 24-hour media pager at **9962 9890**.

The Media:

Under guidelines / principles issued separately by the Media, Entertainment and Arts Alliance (MEAA) and the Australian Press Council, journalists and media publications have clear responsibilities. These include:

- To obtain material and to report honestly, fairly and responsibly
- To give a fair opportunity to reply
- To attribute information to sources
- To publish what is true and has been checked as accurate
- To respect the privacy and sensibility of individuals, without preventing the publication of matters of public record or of significant public interest
- To publish matters in good taste and without emphasis on personal characteristics (including race, ethnicity, nationality, gender, age, sexual orientation, family relationships, religious beliefs or physical or intellectual disability)
- To achieve fair correction of errors
- To distinguish between fact and opinion
- To avoid misrepresentation or suppression of facts.

(Full details of the media industry standards are published in the [MEAA Code of Ethics](#) and [the Australian Press Council Standards of Principles](#)).

5. MEDIA LIAISON PRINCIPLES – CONFIDENTIALITY**5.1 Access**

Local media should be advised by the Local Health District of the name and contact details of the duty Media Officer to whom all media inquiries should be directed. That Officer must be available and accessible by the media in a timely manner to meet media deadlines. An after-hours service

should also be provided by the SESLHD Media Unit.

5.2 Privacy and Confidentiality

The privacy and dignity of patients and their families must be paramount in the provision of information to the community through the media. All health employees have a duty to respect the confidential nature of information about patients as well as legal and ethical restrictions.

Health providers operate under strong confidentiality provisions, based on common law principles and statute. There are several specific provisions of Health legislation that restrict the circumstances in which any information held by NSW Health can be disclosed. See also [NSW Ministry of Health PD2015_036 - Privacy Management Plan](#) and [Privacy Manual for Health Information](#).

5.3 Disclosure to Media

A patient’s personal information should only be given to media outlets once the patient, guardian or next of kin provides consent. Such information should be provided, only after consent is approved, by the appointed Media Officer or his/her delegate or another person authorised by the Chief Executive to provide such information.

Personal information means not only identifying information, but also information from which an individual’s identity “is apparent or can be reasonably ascertained”. Care must be taken where information provided to the media includes anonymous information. It is sometimes possible to constructively identify an individual by identifying their circumstances.

Information about patients that is de-identified (ie; it includes information only about patient sex, age and condition) may be provided at the discretion of the health care facility, provided the Media Officer is satisfied that no particular patient can be identified by the public release of this information.

6. PERSONAL INFORMATION DISCLOSURE LEGISLATION AND POLICY

Personal information and health information should only be disclosed in accordance with the relevant privacy legislation.

Public sector agencies, including NSW health services, are covered by the [Privacy and Personal Information Protection Act 1998](#). This Act imposes strict rules on how agencies collect, hold, use and disclose personal information. Under the Act personal information means: “information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion”.

The collection, use and disclosure of personal health information is regulated by the [Health Records and Information Privacy Act 2002](#). Under this Act, personal health information means personal information about:

- The physical or mental health or a disability (at any time) of an individual
- An individual’s express wishes about the future provision of health services
- A health service provided, or to be provided, to an individual
- Personal information collected to provide or in providing a health service
- Personal information about an individual collected in connection with the donation, or intended donation, of an individual’s body parts, organs or body substances
- Personal information that is genetic information about an individual arising from a health service provided to the individual in a form that is or could be predictive of the health of the

individual or of any sibling, relative or descendant of the individual.

Clause 13 of the [Health Administration General Regulation 2000](#), states that it is not an offence to disclose information in certain prescribed circumstances including where it is urgently required in the interests of public health. All disclosure under the Regulation must be approved by the Secretary NSW Health.

Both the [Mental Health Act 2007](#) and the [Public Health Act 2010](#) have similar confidentiality provisions.

7. PUBLIC COMMENT

SESLHD employees have the right as private citizens to express personal views through public comment on political and social issues; however, they **must not make statements on behalf of MoH or SESLHD without prior approval**. Nor should staff use the facility letterhead, or their facility title or other means that would indicate that their comment was authorised by the Local Health District or facility management. Approved comment on any media issue on behalf of the Local Health District is to be coordinated by the Media Officer with the approval of the Chief Executive.

Public comment includes public speaking engagements (not including seminars and conferences), comments in the media, views expressed in letters to newspapers, social media or in publications. More information can be found in the [NSW Health Code of Conduct PD2015_049](#) and the [SESLHD Social Media Policy SESLHDPD/244](#).

SESLHD employees may make an official comment when authorised to do so, or when giving evidence in court.

SESLHD employees must not access, use, disclose or release any internal departmental or Local Health District documents or privileged information unless they need to do so in the course of their work or are authorised to do so.

8. PROVIDING SUBMISSIONS TO PARLIAMENTARY INQUIRIES

Where officers of the Local Health Districts are invited to make official submissions or appear in an official capacity before a Parliamentary inquiry, including but not restricted to NSW Parliamentary Committees and Federal Government Senate Committees, the MoH is required to confirm Ministerial support and ensure that relevant consultation and coordination has been undertaken to develop and agreed policy position.

In instances where an official submission is made, a single response representing the consolidated views of SESLHD will be provided. The response must be co-ordinated by SESLHD Executive Services, approved by the Chief Executive and lodged through the Executive and Ministerial Services branch of the MoH.

9. PROVIDING EXPERT OPINION ON HEALTH MATTERS

SESLHD acknowledges the responsibility of health care professionals to properly inform the public about health matters within their area of specific expertise. In regard to media requests for expert medical knowledge, the service, stream or facility should seek to assist in providing information on a broad range of health matters wherever possible providing that:

- The health professional is in agreement and feels comfortable with the arrangement
- Requirements in regard to confidentiality and privacy as noted in Section 6 are met.

In some instances, the media may directly contact a medical specialist or other health professional. In these cases, the Media Officer should be informed. Additionally, the media should be advised they must obtain approval from the Media Officer before entering a health care facility to film, photograph or conduct interviews, or conduct off site or telephone interviews with SESLHD staff.

Health workers who are asked to provide media comment in another capacity (ie as a member of an external organisation such as a university or as a spokesperson for a college or other professional organisation), do so in the understanding that any media comment must not be associated with their employment with SESLHD. Permission is not required from the Local Health District or MoH under these circumstances. The professional's appropriate title in relation to the external organisation they are representing should be used, for example, Professor of Surgery, University of NSW. Permission must be sought from the health care facility before any filming or photography takes place within a health facility.

10. COMMUNICATING WITH THE NSW MINISTRY OF HEALTH MEDIA UNIT

Any contact from mainstream media must be notified to the Ministry's Media Unit via the Local Health District's Media Unit. This includes but is not limited to: metropolitan daily and weekend newspapers (Sydney Morning Herald, Daily Telegraph, The Australian, Australian Financial Review, Sun Herald, Sunday Telegraph, Illawarra Mercury and Newcastle Herald); on-line media outlets; publications; major television stations (Nine, Seven, Ten, ABC, Prime, NBN or SBS networks) and major radio news network stations (ABC, 2GB, 2SM & 2UE).

The Ministry's Media Unit should be advised when the Local Health District receives a media query of a significant nature or when a major issue is raised in the media. Some of these issues have the potential to impact significantly across the health system. They include:

- Issues that may affect more than one Local Health District (eg. State-wide matters, major disease outbreaks)
- Issues relating to Ministerial or Departmental announcements (eg. policy changes or strategies)
- Issues raised in a political context
- Issues relating to NSW Ministry funding, staffing or industrial action
- Where other government departments or Members of Parliament are involved
- Photography/filming requested to take place at a health care facility concerning a contentious or potentially contentious issue or incident
- Specific media enquiries about patients or requests for expert medical information which may have wider implications for the NSW health system.

11. CONTENTIOUS ISSUES

All contentious or potentially contentious media issues should be communicated to the SESLHD Media Unit as soon as possible by telephoning **0409 973 612**. The Media Officer will be responsible for communicating to the Manager, Media and Communications and, if required, to the Chief Executive, the MoH's Media Unit and to the Minister's Office. **Do not rely on email notifications.**

Where major stories are developing which involve state-wide issues, MoH will work with SESLHD

to ensure that relevant spokespeople are identified and available. This is particularly important to ensure appropriate radio and television follow up after a published newspaper article. The identity of the proposed spokesperson and contact details need to be clearly communicated to the Ministry's Media Unit and the Minister's Office.

All potential announcements relating to the implementation of new services, capital works and Government funding projects (including public hospitals and community health services, new capital expenditure, new equipment and new services etc) should be offered to the Minister's Office.

12. BRIEFS TO THE MINISTRY OF HEALTH

MoH communicates information in a variety of ways, including the routine provision of data, Reportable Incident Briefs (RIBs), and requests for briefs from the Minister for Health and the Secretary of Health.

Briefs must always be submitted via the Executive Services Team SESLHD-ExecutiveServices@health.nsw.gov.au.

It is not the responsibility of Media Officers to prepare Briefs; however, where a Media Officer is advised there is a potentially contentious issue, the Media Officer should check with the informant if a Brief is being prepared. If a Brief is being prepared, it is the Media Officer's responsibility to advise the Manager, Media and Communications who will liaise with the Manager, Executive Services to ensure consistency across briefs and media statements. The Media Officer may be instructed to advise the MoH's Media Unit and the office of the Minister for Health, providing an outline of the issue. The Media Officer may be required to draft a holding statement.

13. PUBLIC HEALTH ADVICE

Where it is considered useful for the protection of public health, a Public Health Advice should be made available as soon as possible after the confirmation of a case of a communicable disease is confirmed.

PLEASE NOTE: At no time, should Public Health Advice (health alert) be issued as an embargoed media release or statement.

For example, where a case of meningococcal disease is identified, it is useful to issue a public reminder about the importance of early treatment of cases.

A decision as to the need for Public Health Advice (health alert) should be made after discussion between the Local Health District public health and media staff. Further advice may be sought from the MoH's Communicable Diseases Branch or the MoH's Media Unit. In the majority of cases, the SESLHD Media Officer should take responsibility for drafting media releases or statements about meningococcal cases or other communicable diseases where a patient or patients are treated locally or there may be a need to undertake contact tracing.

In preparing the media statement, SESLHD Media Officers are required to identify an appropriate clinician or public health unit director as spokesperson. This strategy provides an opportunity to remind the community of the symptoms and signs of meningococcal disease or any other communicable disease and to provide a reminder to seek immediate medical care if any of the symptoms are present.

Acknowledging that sometimes confirmation of meningococcal and other communicable diseases can take some time to be finalised the Local Health District should consider, where it is considered useful to protect public health, the release of **public health advice** as soon as information is confirmed. Public Health Advice may be made available by:

- issuing a media release / statement
- identifying an expert who is available for media comment. This will be a Public Health Unit Director or a clinician ie emergency department or treating clinician
- posting information on MoH or SESLHD websites under a Public Health Advice button.

14. ACCESS TO HEALTH FACILITIES

14.1 Media Access

All involvement with the media must have regard to upholding the privacy and dignity of patients or staff of the relevant facility. No unauthorised photography or filming is to take place during a media visit to a health facility.

All requests by television stations or film production companies to film TV series, documentaries, promotional videos and other such material may need special conditions. These matters must be referred to the Community Partnership Officer at each facility in the first instance.

At all times, the provisions of the [Privacy and Personal Information Protection Act 1998](#) and the [Health Records and Information Privacy Act 2002](#) should be complied with (**refer pages 3 and 4**). All other filming requests should be managed in accordance with the draft NSW Health Protocol for the Film & Television Industry.

14.2 Media Representatives/Outlets

Journalists, photographers, television crews and local media representatives are expected, as a matter of courtesy, to advise the SESLHD Media Unit of their wish to film/photograph/interview patients or film/photograph other areas inside a health care facility. Any request for access should be received prior to the media arriving at the health care facility.

Filming/photography/interviewing may take place within a health care facility, but only with permission from the SESLHD Media Unit, General Manager/District Director and Chief Executive.

Media are not allowed into the health care facility unless the Media Officer or nominated delegate is in attendance at all times.

14.3 Public Relations or Marketing Companies

From time to time, public relations or marketing companies involved in the launch or promotion of a range of health care, medical or pharmaceutical products seek approval to use NSW public hospitals or health care facilities.

Where approaches are made directly to hospitals, health facility management or Media Officers by companies seeking to promote goods, products or services, MoH must be advised via the Local Health District's Media Unit.

The Local Health District should be aware of the potential impact of bias that may arise as a result of supporting the promotion of healthcare, medical or pharmaceutical products. All approaches for these types of activities must be notified to the SESLHD Media Unit, where appropriate

consideration will be given before approval is granted.

14.4 Non-media filming and photography

Requests for filming or photography by film-makers or commercial/ private organisations or companies should be coordinated by the health facility Community Partnerships officer. It will be necessary for the health facility to have in place standardised filming and location agreements.

- A Filming Licence should be used for television series or documentaries.
- A Location Agreement should be used for shorter, one-off filming including television commercials, advertising and photographic shoots.

Matters requiring local decision-making may include:

- Identify location
- Confirm filming time and duration
- Prepare location and / or filming agreement
- Determine costs
- Raise invoice
- Organise security and supervision as required
- Liaise with site management regarding security and parking arrangements
- Ensure proof of public liability insurance is obtained
- Organise funds transfer to hospital
- Ensure patient and staff consent is obtained (as required).

The local health facility may also:

- Identify facility cost centre for provision of revenue
- Use revenue raised from filming projects for the development of health promotion and publicity projects for the benefit of the facilities and services
- Advise MoH of filming as appropriate
- Manage all approvals and vetting of footage prior to publication, in line with the Filming Licence provisions (as appropriate)
- Provide on-site and on-call support in line with the provisions of the Filming Licence (as appropriate).

If a staff member wishes to film for a research or clinical project, permission must be sought by the General Manager. The Community Partnerships officer must be advised to ensure all proper patient and staff consent has been obtained.

14.5 Patient Consent

Before filming, photography or interviewing is permitted, the Media Officer must:

- Arrange for the treating health professional to make a proper assessment of a patient's condition in order to decide if the person is fit to be interviewed or filmed.
- Consult with health care workers to ensure the interests of other patients who may be affected by the filming are protected.
- Make it subject to appropriate conditions if there is a concern that the filming is not in the best interests of the patient or the health care facility.
- Require the media to gain patient consent if the treating practitioner and management are satisfied that the filming can take place.

Patient consent must be obtained in advance before filming takes place. The Media Officer or Executive should act on behalf of the patient in negotiating consent with the media. If a person is incapable of giving informed consent, filming should not take place.

The Media Officer will be responsible for ensuring these consents are obtained in accordance with a sample consent form. **(refer to Appendix One).**

14.6 Patient Confidentiality

A patient's medical details, name and personal information may only be released with the consent of the patient. Where the patient is a child, the consent of the parent/guardian must be obtained. Where consent is given on the condition that other information is not provided, these conditions must be strictly adhered to by the media.

To ensure the health care facility is in a position to fulfil its duty of care to patients, the management has the right to stop the filming of any sequence and/or withdraw footage if it is considered it may breach that duty. The Media Officer will ensure that the media is aware of this right when permission is given to film, photograph or interview.

14.7 Health Worker Consent/Identification

When acting as an official spokesperson, health workers must be prepared to be identified in all interviews or media requests for information.

In some circumstances, such as issues of a particularly controversial or contentious nature, it may be appropriate to obtain written consent from staff involved. This can be modelled on the Patient Consent Form at Appendix One. The Media Officer is responsible for obtaining such consent.

14.8 Filming Patients Using Block-Out (Black-out) Techniques

Filming patients and their families who have not given consent (but whose faces it is proposed be obscured at a later stage in the media editing process and prior to publication) should not occur because of the potential for patients to be identified by error or at some later time.

14.9 Bedside Court Hearings

A bedside court hearing may take place within a hospital when a person is charged with an offence and is deemed too ill to attend the courthouse in person.

Members of the court, legal representatives and police may be required to attend.

Members of the media are permitted to attend a bedside court hearing, at the discretion of the Court. Media Officers should be advised by the management of the health care facility where this is proposed to occur.

15. HANDLING MEDIA ENQUIRIES

15.1 Patient Condition Reports

Media may enquire about the condition of a patient who is in SESLHD's care. A patient's personal information should only be given to media outlets once the patient, guardian or next of kin provides consent. Such information should be provided, only after consent is approved, by the appointed Media Officer or his/her delegate or another person authorised by the Chief Executive to provide such information.

Information about patients that is de-identified (ie it includes information only about patient sex, age and condition) may be provided at the discretion of the health care facility, provided the Media Officer is satisfied that no particular patient can be identified by the public release of this information.

There may be times when it is inappropriate to provide a patient condition report to the media. For example, if the patient is involved in a police matter, such as shooting, is under guard or there are suspicious circumstances. In this instance, the Media Officer should consult the Nurse Manager on duty and liaise with Police Media regarding the release of information.

Police Media Unit: 8263 6100.

15.2 Patient Condition Reports involving death of a patient

If a patient is deceased and the media are requesting a Patient Condition Report, the Media Officer must obtain Next-of-Kin permission before releasing information or confirming the death.

Permission can be gained via the Nurse Unit Manager on duty or through the Social Worker who is in contact with the family. If police are involved, the Police Media Unit should also be consulted.

If the family request that no information be provided, the Media Officer must advise the media the family has requested no information be released.

16. MEMBERS OF PARLIAMENT

All employees of SESLHD should advise the Manager, Media and Communications and/or the Manager Executive Services if they are contacted by a Member of Parliament. Contact includes requests to visit facilities, enquiries about patients or information about services. All communications with Members of Parliament by staff, in their official capacity, is to be approved by the Chief Executive.

All visits and invitations to the Minister for Health or Members of Parliament must be coordinated by the SESLHD Media Unit and briefing information arranged by SESLHD Executive Services.

[Premier's Circular 2018 – 05](#) notes that “Members of Parliament should obtain information by writing to the responsible Minister, or making contact with the Minister’s staff, or writing to the head of the agency concerned.”

Requests by Members of Parliament to undertake inspections of Government organisations or facilities such as hospitals, jails or schools should be the subject of an official approach to the relevant Minister or the Minister’s staff.

Requests for information made direct to an agency by a Member of Parliament or a non-elected political candidate, irrespective of their political affiliation, should be relayed to the Minister’s Office, which will contact the Member or candidate.

The requirements outlined above do not apply to a Member of Parliament in respect of their Electorate. Members may communicate direct with branches or agencies located within their electorate. The same exemption however is not extended to non-elected candidates. All non-elected candidates, irrespective of their political affiliations, are required to direct any inquiries or requests to visit facilities through the appropriate Minister’s office.

If a Member of Parliament wishes to visit a facility or obtain information from a Health Service or facility outside their electorate they should be advised to make an official approach to the Minister’s Office.

Members of Parliament are welcome at health service facilities in their electorates when:

- The visit is convenient to the Health Service / hospital management and patients.
- Individual patients' rights to privacy are respected.
- Patients are not photographed without their specific consent.
- Health Services ensure that the visits are properly managed so as not to disrupt the normal activities of health facilities.

The media should not accompany Members of Parliament without the express permission of the Minister's Office. Media conferences should not be held in hospital grounds without the express permission of the Minister's Office.

Any incidents or contentious issues arising from visits by Members of Parliament should be reported immediately to the MoH Media Unit and to the Director General who will ensure that the Minister's Office is aware of the issue.

17. MEDIA REPORTING GUIDELINES ON SUSPECTED SUICIDE DEATHS

Most members of the media report suicide and mental illness responsibly and the media industry has been actively involved in helping to reduce suicide rates and addressing stigma and discrimination associated with mental illness.

Advice to the media for consideration when reporting suspected suicide deaths.

Why should I run the story?

Consider whether the story needs to be run at all, and how many suicide stories have been run in the last month. A succession of stories can promote a dose response factor and normalise suicidal behaviour as an acceptable option.

Language

Check the language used does not glamorise or sensationalise suicide, or present suicide as a solution to problems - eg. consider using 'non-fatal' not 'unsuccessful', 'increasing rates' rather than 'suicide epidemic'. Use 'died by suicide' or 'experienced depression' rather than describing the person as a 'suicide' or a 'depressive'. Use the term 'suicide' sparingly.

Don't be explicit about method

Most members of the media follow a code - written or unwritten - that the method and location of suicide is not described, displayed or photographed. A step-by-step description can prompt some vulnerable people to act.

Celebrity suicide

Celebrity suicide is often reported where it is considered to be in the public interest. Coverage of celebrity suicide can glamorise or prompt imitation suicide. Avoid descriptions of the method of suicide and seek comment on the wastefulness of the act.

Positioning the story

Some evidence suggests a link between prominent placement of suicide stories and copycat suicide. Position the story on the inside pages of a paper, magazine or journal, in the second or third break of TV news, or further down the order of radio reports.

Interviewing the bereaved

The bereaved are often at risk of suicide themselves. Follow media codes of practice on privacy,

grief and trauma when reporting personal tragedy.

Place the story in context

Many people who die by suicide have a mental health disorder or a drug-related illness. Reporting the underlying causes of suicide can help dispel myths that suicide is not related to a person's mental state.

Include helpline contacts

Include phone numbers and contact details for support services. This provides immediate support for those who may have been distressed, or prompted to act, by your story.

Further information on mental health and suicide can be obtained at:

www.mindframe-media.info/mentalhealth.

18. DOCUMENTATION

N/A

19. AUDIT

N/A

20. REFERENCES

Legislation

- [Health Administration General Regulation 2000](#)
- [Health Records and Information Privacy Act 2002](#)
- [Mental Health Act 2007](#)
- [Privacy and Personal Information Protection Act 1998](#)
- [Public Health Act 2010](#)

Ministry of Health

- [NSW Ministry of Health Policy Directive PD2015_036 - Privacy Management Plan](#)
- [NSW Ministry of Health Policy Directive PD2017_012 - Public Communication Procedures](#)
- [Privacy Manual for Health Information](#)
- [NSW Health Code of Conduct PD2015_049](#)

21. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
June 2019	1	Minor Review. Updated document from old protocol template to procedure template. Referenced updated Premier's Circular. Approved by Executive Sponsor Maxine Brennan, Manager, Media and Communications. Formatted by Executive Services prior to publishing.

APPENDIX ONE



Media / non-media consent form

To be used when obtaining consent for media interviews, coverage and/or footage, including filming, photography, audio recordings, [online](#) content and social media posts. **This form must be signed by the participant or their legal guardian/s if under 17 years old.**

Name: _____

Patient Consumer Staff member Volunteer

Facility: _____

Ward – if applicable: _____

Name of parent or legal guardian – if patient is aged 17 years and under:

MEDIA:

NEWSPAPER / MAGAZINE / TELEVISION / RADIO / FILM / ONLINE / SOCIAL MEDIA / PUBLICATION

Reason: _____

I give my permission for NSW Health to utilise my name/photograph/quote/audio recording/video recording for the purposes of publication/publicity. I understand this may include details in relation to my medical condition.

I accept that I do not have to participate in the above activity and agree to comply with any request made by the Executive, Media and Communications Officer or Security of the facility.

If applicable, I consent the permissions outlined above apply to the following partner organisation/s:

Signed: _____

Suburb – if applicable: _____

Phone – if applicable: _____

Email – if applicable: _____

Date: ____ / ____ / ____

SESLHD Media and Communications Officer/SESLHD delegated officer:
_____ Date: ____ / ____ / ____